

B6F (Official Form 6F) (12/07)

In re **Linia Jeanee Jones**Case No. **13-35278**

Debtor

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxxxxxxx3507</b>  <b>Accent</b> <b>PO Box 952366</b> <b>Saint Louis, MO 63195</b>	-		<b>3/31/2013</b> <b>Termination of CIGNA benefits</b>				<b>2,565.00</b>
Account No. <b>xxxxxxxxxxxxxQQQQ</b>  <b>AMCA</b> <b>Attn: Bankruptcy</b> <b>PO Box 160</b> <b>Elmsford, NY 10523</b>	-		<b>unknown</b> <b>Collections re: Laboratory Corp Of Americ</b>				<b>95.00</b>
Account No. <b>xxxxxxx2329</b>  <b>American Medical Collection</b> <b>4 Westchester Plaza</b> <b>Building 4</b> <b>Elmsford, NY 10523</b>	-		<b>2012</b> <b>Medical</b>				<b>131.00</b>
Account No. <b>xxx3872</b>  <b>Capio Partners LLC</b> <b>2222 Texoma Pkwy Ste 150</b> <b>Sherman, TX 75090</b>	-		<b>Opened 6/01/13</b> <b>Collections re: CJW Medical Center</b>				<b>671.00</b>
Subtotal (Total of this page)							<b>3,462.00</b>

9 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Linia Jeanee Jones**

Case No. **13-35278**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx1210</b>  <b>Capio Partners Llc</b> <b>2222 Texoma Pkwy Ste 150</b> <b>Sherman, TX 75090</b>	-	<b>Opened 6/01/13</b> <b>Collections re: CJW Medical Center</b>				<b>200.00</b>
Account No. <b>xxx3088</b>  <b>Capio Partners Llc</b> <b>2222 Texoma Pkwy Ste 150</b> <b>Sherman, TX 75090</b>	-	<b>Opened 7/01/13</b> <b>Collections re: Henrico Doctors Hospital</b>				<b>178.00</b>
Account No. <b>xxxxxxxx15-00</b>  <b>Chesterfield Gen Dist Court</b> <b>P. O. Box 144</b> <b>Chesterfield, VA 23832</b>	-	<b>2013</b> <b>Warrant in Debt</b>				<b>12,150.00</b>
Account No. <b>xxxxxx-xxx5958</b>  <b>City of Richmond</b> <b>Dept of Public Utilities</b> <b>P O Box 26060</b> <b>Richmond, VA 23274</b>	-	<b>August 2013</b> <b>Utilities</b>				<b>325.00</b>
Account No. <b>xxxxxxx0800</b>  <b>CJW Medical Center</b> <b>PO Box 99400</b> <b>Louisville, KY 40269</b>	-	<b>April 2013</b> <b>Medical</b>				<b>3,300.00</b>
Sheet no. <u>1</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>16,153.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Linia Jeanee Jones**

Case No. **13-35278**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxx802C</b>  <b>Commonweath Lab Consultants</b> <b>P O Box 36559</b> <b>Richmond, VA 23235</b>	-	<b>6/27/13</b> <b>Medical</b>				<b>16.00</b>
Account No. <b>xx.xxxx.x1262</b>  <b>Credit Collection Services</b> <b>Two Wells Avenue</b> <b>Newton Center, MA 02459</b>	-	<b>unknown</b> <b>Collections</b>				<b>160.00</b>
Account No. <b>xxxx6377</b>  <b>Credit Management LP</b> <b>Attention: Bankruptcy Dept</b> <b>PO Box 118288</b> <b>Carrollton, TX 75011</b>	-	<b>Opened 3/01/13</b> <b>Collections re: Hospitalist Of Virginia Llp</b>				<b>753.00</b>
Account No. <b>xxxxxx5193</b>  <b>Dominion Virginia Power</b> <b>P.O. Box 26666</b> <b>Richmond, VA 23261</b>	-	<b>2013</b> <b>Utility</b>				<b>1,604.00</b>
Account No. <b>xx5126</b>  <b>Dr Overton Wiley Kirchmier Ter</b> <b>10410 Ridgefield Pkwy</b> <b>Henrico, VA 23233</b>	-	<b>2013</b> <b>Medical</b>				<b>190.00</b>
Sheet no. <b>2</b> of <b>9</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>2,723.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Linia Jeanee Jones

Case No. 13-35278

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx5130</b>  <b>Dr Overton Wiley Kirchmier Ter</b> <b>10410 Ridgefield Pkwy</b> <b>Henrico, VA 23233</b>	-	<b>2013</b> <b>Medical</b>				<b>50.00</b>
Account No. <b>xxxxxxxx4601</b>  <b>Dt Credit Co</b> <b>ATTN: Bankruptcy Dept</b> <b>PO Box 29018</b> <b>Phoenix, AZ 85038</b>	-	<b>Opened 3/01/11 Last Active 10/12/12</b> <b>Consumer debt</b>				<b>3,093.00</b>
Account No. <b>xxxxxxxxxxxx4774</b>  <b>Eastern Account System</b> <b>PO Box 837</b> <b>Newtown, CT 06470</b>	-	<b>Opened 5/01/13</b> <b>Collections re: Comcast Richmond Service</b>				<b>346.00</b>
Account No. <b>xxxxxxxxxxxx5514</b>  <b>Eastern Account System</b> <b>PO Box 837</b> <b>Newtown, CT 06470</b>	-	<b>Opened 9/01/07</b> <b>Collections re: Comcast Richmond Service</b>				<b>157.00</b>
Account No. <b>xxxxxxx5102</b>  <b>Focus Recovery Solutions</b> <b>Attn: Bankruptcy</b> <b>9701 Metropolitan Court Ste B</b> <b>Richmond, VA 23236</b>	-	<b>Opened 7/01/08</b> <b>Collection re: Henrico Drs Hospital</b>				<b>1,918.00</b>
Sheet no. <u>3</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>5,564.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Linia Jeanee Jones**

Case No. **13-35278**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxx4510</b>  <b>Focus Recovery Solutions</b> <b>Attn: Bankruptcy</b> <b>9701 Metropolitan Court Ste B</b> <b>Richmond, VA 23236</b>	-	<b>Opened 9/01/08</b> <b>Collection re: Henrico Drs Hospital</b>				<b>861.00</b>
Account No. <b>xxxxxxx6643</b>  <b>Focus Recovery Solutions</b> <b>Attn: Bankruptcy</b> <b>9701 Metropolitan Court Ste B</b> <b>Richmond, VA 23236</b>	-	<b>Opened 5/01/13</b> <b>Collection re: CJW Medical Center</b>				<b>851.00</b>
Account No. <b>xxxxxxx3618</b>  <b>Focus Recovery Solutions</b> <b>Attn: Bankruptcy</b> <b>9701 Metropolitan Court Ste B</b> <b>Richmond, VA 23236</b>	-	<b>unknown</b> <b>Collections re: CJW Medical Center</b>				<b>314.00</b>
Account No. <b>xxxxxxx4352</b>  <b>Focus Recovery Solutions</b> <b>Attn: Bankruptcy</b> <b>9701 Metropolitan Court Ste B</b> <b>Richmond, VA 23236</b>	-	<b>Opened 7/01/08</b> <b>Collection re: Henrico Drs Hospital</b>				<b>160.00</b>
Account No. <b>xxxx5639</b>  <b>Hc Roy</b> <b>333 Holtzman Rd</b> <b>Madison, WI 53713</b>	-	<b>Opened 3/01/11 Last Active 8/23/13</b> <b>Consumer Debt</b>				<b>769.00</b>
Sheet no. <b>4</b> of <b>9</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>2,955.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Linia Jeanee Jones**

Case No. **13-35278**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxx7739</b>  <b>HCA Patient Account Services</b> <b>7300 Beaufort Springs Drive</b> <b>Suite 100</b> <b>Richmond, VA 23225</b>	-	<b>2013</b> <b>Medical</b>				<b>10,616.00</b>
Account No. <b>xxx-xx-8198</b>  <b>J.M. Buchanan, Inc.</b> <b>c/o Zwerdling, Oppleman &amp; Adam</b> <b>5020 Monument Ave.</b> <b>Richmond, VA 23230</b>	-	<b>2011</b> <b>Unpaid rent and fees.</b>				<b>10,600.00</b>
Account No. <b>xxxxxxx9802</b>  <b>Johnston Willis Medical</b> <b>PO Box 13620</b> <b>Richmond, VA 23225-8620</b>	-	<b>6/27/13</b> <b>Medical</b>				<b>867.00</b>
Account No. <b>xxxx2493</b>  <b>LabCorp</b> <b>PO Box 2240</b> <b>Burlington, NC 27216</b>	-	<b>6/08/13</b> <b>Medical</b>				<b>18.00</b>
Account No. <b>xxxx4667</b>  <b>LabCorp</b> <b>PO Box 2240</b> <b>Burlington, NC 27216</b>	-	<b>Medical</b>				<b>204.00</b>
Sheet no. <b>5</b> of <b>9</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>22,305.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Linia Jeanee Jones**

Case No. **13-35278**

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**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>x*xx4787</b>		-	<b>2013 Medical</b>				<b>5.08</b>
<b>Patient First PO Box 758941 Baltimore, MD 21275</b>							
Account No. <b>xxxxxxA679</b>		-	<b>3/28/13 Medical</b>				<b>5.00</b>
<b>Patterson Ave Fam Practice P O Box 843356 Boston, MA 02284</b>							
Account No. <b>xxxxxxA679</b>		-	<b>5/01/13 Medical</b>				<b>50.00</b>
<b>Pediatric Endocrinology &amp; Diab P O Box 843411 Boston, MA 02284</b>							
Account No. <b>xxxxxxx8885</b>		-	<b>2013 Medical</b>				<b>4.00</b>
<b>Radiology Associates of Richmo 2602 Buford Road Richmond, VA 23235</b>							
Account No. <b>xxxxxxxxxxxxx8386</b>		-	<b>Opened 3/01/10 Collection re: Pediatric Cardiology Of Va</b>				<b>571.00</b>
<b>Receivable Management 7206 Hull Street Rd North Chesterfield, VA 23235</b>							
Sheet no. <u>6</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal (Total of this page)</b>
							<b>635.08</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Linia Jeanee Jones**

Case No. **13-35278**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxxxxxx8395</b>  <b>Receivable Management</b> <b>7206 Hull Street Rd Ste</b> <b>North Chesterfield, VA 23235</b>	-	<b>Opened 3/01/10</b> <b>Collection re: Pediatric Cardiology Of Va</b>				<b>260.00</b>
Account No. <b>xx4021</b>  <b>Richmond Fire Dept Cre</b> <b>900 Hermitage Road</b> <b>Richmond, VA 23220</b>	-	<b>Opened 11/01/11 Last Active 8/30/13</b> <b>Unsecured</b>				<b>1,963.00</b>
Account No. <b>xxxxxxx0838</b>  <b>Richmond Health System</b> <b>St. Mary's Hospital</b> <b>P O Box 409553</b> <b>Atlanta, GA 30384</b>	-	<b>5/13/13</b> <b>Medical</b>				<b>249.00</b>
Account No. <b>xxxxxxx-xxxxx/x0001</b>  <b>Sheridan Children's</b> <b>Healthcare Services of VA</b> <b>PO Box 452409</b> <b>Fort Lauderdale, FL 33345</b>	-	<b>2013</b> <b>Medical</b>				<b>87.00</b>
Account No. <b>xxxxxxx-xxxxx/x0001</b>  <b>Sheridan Children's</b> <b>Healthcare Services of VA</b> <b>PO Box 452409</b> <b>Fort Lauderdale, FL 33345</b>	-	<b>unknown</b> <b>Medical</b>				<b>1,775.00</b>
Sheet no. <u>7</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>4,334.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Linia Jeanee Jones**

Case No. **13-35278**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxx-xxxxx/x0002</b>  <b>Sheridan Children's Healthcare Services of VA PO Box 452409 Fort Lauderdale, FL 33345</b>	-	<b>unknown Medical</b>				<b>143.00</b>
Account No. <b>xxxxxxxxxxxxxx1010</b>  <b>U S Dept Of Ed/Fis/At Attn: Bankruptcy PO Box 16448 Saint Paul, MN 55116</b>	-	<b>Opened 9/25/03 Last Active 12/02/08 Educational</b>				<b>33.00</b>
Account No. <b>xxxx1289</b>  <b>USB Mediation LLC 2809 Wherle Dr. Buffalo, NY 14221</b>	-	<b>unknown Collections re: Seaside Payday &amp; Lending</b>				<b>847.00</b>
Account No. <b>xxx5625</b>  <b>Virginia Emergency Physicians 2621 Grove Ave Richmond, VA 23220</b>	-	<b>2013 Medical</b>				<b>43.00</b>
Account No. <b>xxxx-xx29-12</b>  <b>Weinstein Properties PO Box 31335 Henrico, VA 23294</b>	-	<b>unknown Past due rent</b>				<b>3,881.00</b>
Sheet no. <b>8</b> of <b>9</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>4,947.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Linia Jeanee Jones**

Case No. **13-35278**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxx15.02</b>			<b>unknown</b>				<b>1,138.00</b>
<b>William K. Grogan &amp; Assoc. 203 E. Cary Street Suite 200 Richmond, VA 23219</b>		-	<b>Collections re: Berkeley Place Associates</b>				
Account No.							
Account No.							
Account No.							
Account No.							
Account No.							
Subtotal (Total of this page)							<b>1,138.00</b>
Total (Report on Summary of Schedules)							<b>64,216.08</b>

Sheet no. 9 of 9 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

United States Bankruptcy Court  
Eastern District of Virginia

In re Linia Jeanee Jones

Debtor(s)

Case No. 13-35278

Chapter 13

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [Specify reason for amendment: \_\_\_\_]  
Check if applicable: ☐ Soc. Sec. No. amended. [If applicable: An original, signed Official Form 21 was marked/hand-delivered to the Clerk's office on \_\_\_\_.\*]
- ☐ Summary of Schedules (Includes Statistical Summary of Certain Liabilities and Related Data)
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as Exempt
- ☒ **Schedule D, E, or F, and/or list of Creditors or Equity Holders - REQUIRES COMPLIANCE WITH LOCAL RULE 1009-1 (\$30.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):**
- ☒ **Creditor(s) added** ☐ **Creditor(s) deleted**
- ☐ **Change in amounts owed or classification of debt**
- ☐ **No pre-petition creditors added/deleted, or amounts owed or classification of debt changed.** [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
- ☐ **Post-petition creditors added (Schedule of Unpaid Debts)**
- REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.**
- ☐ Schedule G- Executory Contracts and Unexpired Leases
- ☐ Schedule H - Codebtors
- ☐ Schedule I - Current Income of Individual Debtor(s)
- ☐ Schedule J - Current Expenditures of Individual Debtor(s)

[NOTE: The form "NOTICE TO CREDITOR(S) (RE AMENDMENT)" is still required when adding or deleting creditors.

\*Amendment of debtor(s) Social Security Number requires that a hard copy of this cover sheet together with a completed Official Form 21 - Statement of Social Security Number(s) be submitted to the Clerk's Office for entry of the amended Social Security Number into the Court's database. ]

- ☐ Statement of Financial Affairs
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
- ☐ Disclosure of Compensation of Attorney for Debtor
- ☐ Other: \_\_\_\_

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: \_\_\_\_.

Date: December 13, 2013

/s/ Jessica Fellows

Attorney for Debtor(s) [or Pro Se Debtor(s)]

State Bar No.: **82095 For Debt Law Group 82095**

Mailing Address: **America Law Group, Inc. dba Debt Law Group  
America Law Group, Inc. dba Debt Law Group  
2312 Boulevard  
Colonial Heights, VA 23834**

Telephone No.: **804-520-2428**

United States Bankruptcy Court  
Eastern District of Virginia

In re Linia Jeanee Jones

Debtor(s)

Case No. 13-35278  
Chapter 13

TO:

J.M. Buchanan, Inc.  
c/o Zwerdling, Oppleman & Adams  
5020 Monument Ave.  
Richmond, VA 23230

**NOTICE TO  
CREDITOR(S) (RE AMENDMENT)**

NOTICE IS HEREBY GIVEN that an amendment to the above-captioned debtor's schedules has been filed

- ☒ adding you as a creditor,  
☐ deleting you as a creditor,  
☐ correcting your address

A copy of the amendment is forwarded to you together with this notice.

***[If amendment is adding creditor(s)]*** NOTICE IS FURTHER GIVEN that also forwarded to you together with this notice is a copy of the notice of the meeting of creditors called by the United States Trustee pursuant to Federal Rule of Bankruptcy Procedure 2003, giving the particulars of the case and stating the last date for the filing of claims (*if any was given*), for filing complaints objecting to the discharge and complaints to determine the dischargeability of certain debts; a copy of the discharge of the debtor, *if one has been entered*, a subsequent notice to file claims, *if one has been issued*, and any other filed document affecting the rights of the added creditor(s).

**Linia Jeanee Jones**

Date: December 13, 2013

By /s/ Jessica Fellows

Attorney for Debtor [or *Pro Se* Debtor]

State Bar No.: **82095 For Debt Law Group 82095**

Address: **America Law Group, Inc. dba Debt Law Group  
America Law Group, Inc. dba Debt Law Group  
2312 Boulevard  
Colonial Heights, VA 23834**

Telephone No.: **804-520-2428**

**CERTIFICATION**

I certify that on **December 13, 2013**, I served a copy of the foregoing notice on the United States Trustee, any appointed trustee, and any and all entities affected by the amendment pursuant to Local Bankruptcy Rule 1009-1(A).

/s/ Jessica Fellows

**Jessica Fellows 82095 For Debt Law Group 82095**

Attorney for Debtor [or *Pro Se* Debtor]

**United States Bankruptcy Court  
Eastern District of Virginia**

In re **Linia Jeanee Jones**

Debtor(s)

Case No. **13-35278**

Chapter **13**

**AMENDED  
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I certify under penalty of perjury that the foregoing is true and correct.

Date **December 13, 2013**

Signature **/s/ Linia Jeanee Jones**

**Linia Jeanee Jones**

Debtor

*Penalty for making a false statement:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571